

Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Board Of Medical Licensure		CONTACT PERSON Mike Lucius	TELEPHONE NUMBER (601)987-0248	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL mboard@msbml.ms.gov	SUBMIT DATE 12/7/18	Name or number of rule(s): Part 2635 Chapter 13 Complementary and Alternative Therapies, Rule 13.4		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Creation of regulations regarding complementary and alternative therapies. Rule 13.4 discusses informed consent.

Specific legal authority authorizing the promulgation of rule: 73-43-11

List all rules repealed, amended, or suspended by the proposed rule: None

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

- Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: <input checked="" type="checkbox"/> New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Mike Lucius, Deputy Director
 Signature of person authorized to file rules: *Mike Lucius*

OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> Accepted for filing by <u>#23821 <i>[Signature]</i></u>	OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Title 30, Part 2635 Practice of Medicine

Part 2635: Chapter 13: Complementary and Alternative Therapies

Rule 13.4 | Informed Consent

Licensees who choose to utilize alternative therapies must obtain written informed consent from the patient prior to the utilization of said therapies. Said informed consent consists of the following elements:

1. The patient, the licensee, and the credentials of the licensee are all identified;
2. The types of transmissions regarding the therapy are identified (e.g., prescription refills, appointment scheduling, patient education, etc.);
3. Overt agreement from the patient with the licensee's determination about whether or not the condition being diagnosed and/or treated is appropriate for alternative therapy;
4. Express patient consent to forward patient-identifiable information to a third party, if necessary;
5. An accurate description of the benefits and risks of treatment or intervention, based on scientific evidence, as well as an explanation of alternatives to treatment or an intervention, and the right to withdraw from treatment or an intervention without denial of standard of care to patients.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

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